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ABSTRACT

This learning module, which is part of a staff development program for health occupations clinical instructors, discusses the development of effective communication and conflict management skills. It includes learning activities dealing with the components of and barriers to communication, ways of improving interpersonal communication, sources of conflict in the clinical setting, and techniques for resolving conflict. Besides the learning activities, the module also includes directions for completing the module, an introduction, module objectives, pre- and posttests and answer keys, definitions of key terms used in the module, a module summary, and references. (MN)

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Health Occupations Clinical Teacher Education Series for Secondary and Post-Secondary Educators

Illinois State Board of Education

Adult, Vocational and Technical Education

Clinical Supervision Skills: Communication and Conflict Management

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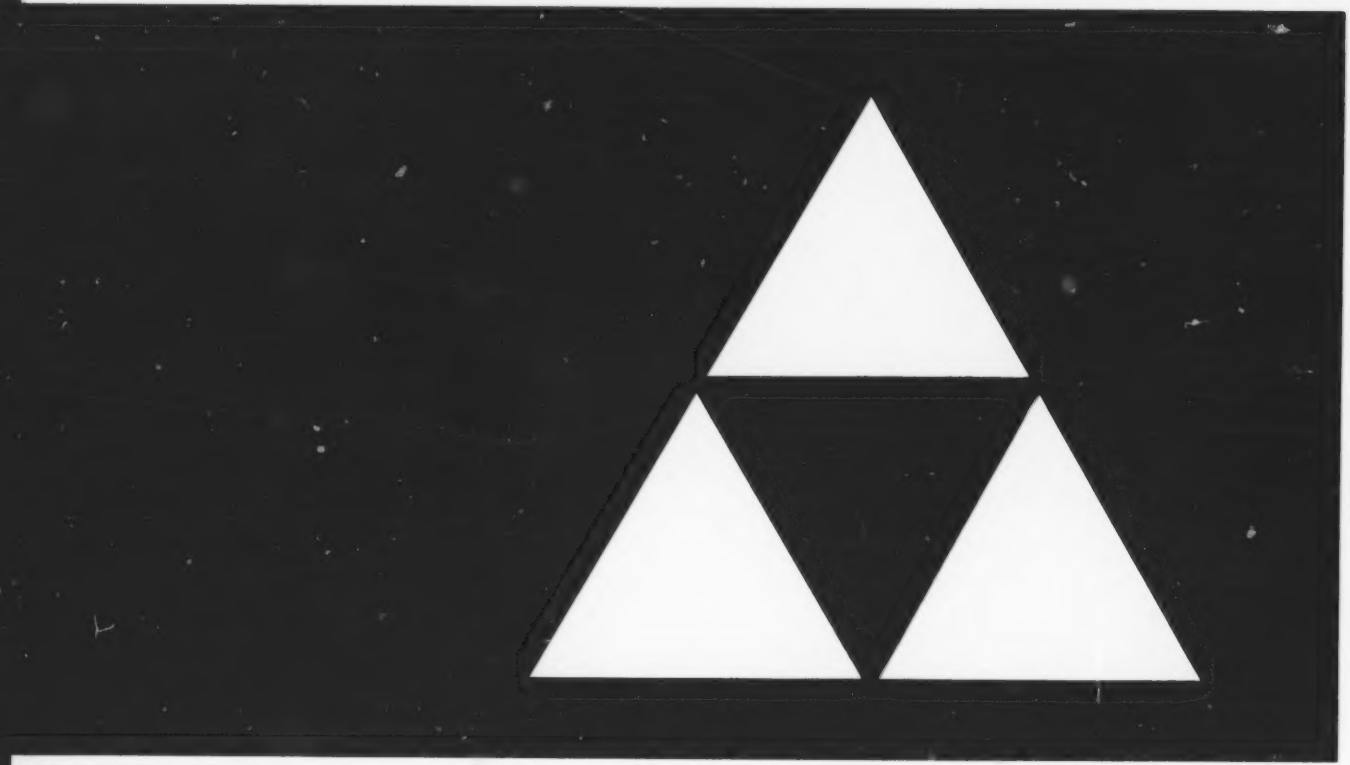

HEALTH OCCUPATIONS CLINICAL TEACHER EDUCATION SKILLS FOR SECONDARY AND POST-SECONDARY EDUCATORS

Clinical Supervision Skills:
Communication and
Conflict Management

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Research and
Development Section

CLINICAL SUPERVISION SKILLS:

COMMUNICATION AND CONFLICT MANAGEMENT

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CLINICAL SUPERVISION SKILLS:

COMMUNICATION AND CONFLICT MANAGEMENT

DIRECTIONS FOR COMPLETING THE MODULE

The module includes the following parts:

1) Introduction, Objectives, and Definitions
2) Pre-Test and Answer Key
3) Learning Activities and Self-Check Exercises
4) Post-Test and Answer Key

Following review of the Introduction, take the Pre-Test and use the key to determine your score. The Pre-Test is intended to help introduce the activities within the module.

Then proceed to complete the Learning Activities. Even if you feel knowledgeable about the topic, completion of the Learning Activities will provide additional awareness and help you to grow. It is important that you complete the Self-Check following each activity.

The final part of the module, the Post-Test, is intended to measure your achievement of the objectives of the module. Complete the test without using the key or the module itself. You may then score your test. If you had more than 3 incorrect answers you should review the module. The important part to remember is to practice what is suggested in this module.

Go on to the Introduction.

INTRODUCTION

Today's health-care facility is a rapidly changing, complex organization in which a variety of human and material resources are utilized to provide health-care for the consumer. Being a supervisor in this complex organization is a challenging responsibility that requires certain skills such as planning, motivating, communicating, managing conflict, and numerous others. As a clinical supervisor/instructor, you are viewed as a leader in your department or unit. Therefore, you must develop these skills so that you can effectively manage the students and/or staff for whom you are responsible.

This module will emphasize two areas of supervisory skills that are very important for clinical supervision--communication and conflict management. Each will be discussed in application to the health-care setting, and exercises will be provided to assist you in improving your skills in communication and managing the conflicts that may occur.

Read the Objectives and then complete the Pre-Test.

OBJECTIVES OF THE MODULE

Terminal Objective: Examine communication skills and conflict management strategies needed for effective clinical supervision.

Enabling Objectives:

1. Identify the basic components of communication and factors that affect communication effectiveness.
2. Given a series of situations, identify the barriers to communication.
3. Identify ways to improve your communication skills.
4. Given incidents involving conflict, classify the potential source of conflict.
5. Given a series of situations, recommend methods to resolve the conflict in each.

PRE-TEST

Complete this test prior to beginning the Learning Activities. Utilize the key to score your test.

Answer True or False to the following.

T or F 1. Communication can take a variety of forms, including spoken words, gestures, and written letters.

T or F 2. Letters and memos are classified as forms of nonverbal communication.

T or F 3. Communication may be blocked by feelings of personal insecurity.

T or F 4. By appearing to be threatening, supervisors can improve their interpersonal communication.

T or F 5. Improving communication involves working at sending messages as well as receiving messages.

T or F 6. Conflict is a destructive force that should be eliminated in the organization.

T or F 7. Conflict may cause an organization to grow.

T or F 8. Conflict may be caused by the structure of the organization itself.

T or F 9. Clinical supervisors may often experience role conflict.

T or F 10. When managing a conflict, the supervisor should never compete with those involved.

T or F 11. Accommodating is considered to be an unassertive means of conflict management.

T or F 12. Conflicts should never be left unresolved.

T or F 13. Collaboration usually takes more time than competing.

T or F 14. The supervisor must carefully identify the problem before managing a conflict.

T or F 15. When resolving a conflict, the supervisor should get as many people involved as possible, including those not involved in the conflict.

PRE-TEST ANSWER KEY

1. True
2. False. They are verbal forms.
3. True
4. False. Threatening behavior blocks communication.
5. True
6. False. Conflict is inevitable and exists in any organization. If properly managed, conflict can be helpful.
7. True
8. True
9. True
10. False. The supervisor may have to compete with others when an unpopular decision must be made.
11. True
12. False. Some conflicts cannot be resolved, and it may be best just to leave them unresolved.
13. True
14. True
15. False. Only those involved in the actual conflict should participate.

Proceed to read the Definition of Terms, then go on to Learning Activity 1 of the module.

DEFINITION OF TERMS USED IN THE MODULE

Clinical supervisor - an individual responsible for overseeing a health-occupations student's practical experiences in a health-care facility. (May also be called clinical instructor.)

Communication - process by which humans transmit and receive information.

a) Verbal - written or spoken messages.
b) Nonverbal - messages that are not written or spoken.
c) Formal - communication using an orderly, methodical channel such as a letter or memo.
d) Informal - sending messages in a more casual, relaxed manner such as conversation.

Conflict - sharp disagreement or opposition in interests, ideas, or values.

Conflict management/resolution - to handle or control disagreements or opposition within an organization.

Organization - a unified body of persons grouped together for a common purpose.

LEARNING ACTIVITY #1

COMPONENTS OF COMMUNICATION

Enabling Objective 1: Identify the basic components of communication and factors that affect communication effectiveness.

What is Communication?

If you were to spend one day observing the activities in any health-care facility, whether it be a hospital, nursing home, clinic, or private office, you would observe a great deal of interaction between individuals and groups within the organization. You may observe a nurse and a physician discussing a patient, a laboratory supervisor speaking on the telephone with a head nurse, or a dental hygienist smiling at a patient. These individuals are all relating to other individuals through the process of communication.

In its most basic form, communication is defined as the process by which humans transmit and receive information. (Seaford, Hunt, and Bracey, 1976) Communication exists in any organization or setting. It occurs any time two or more individuals interact, and can take a variety of forms, including conversation, facial expressions, gestures, and posture.

Components of Communication

Much research has been done on communication, resulting in the development of many theories and models of communication. For the purposes of studying the basic process of communication, it is important for you to think of it as having four components: sender, message, channel, and receiver. (Lovell and Wiles, 1983)

a) Sender - The sender is the individual or group transmitting the message to a receiver. When one of your students or a fellow worker informs you of something, he/she is acting as a sender.

b) Message - The idea, information, event or attitude that is communicated by the sender is referred to as the message. Messages may be in verbal or nonverbal forms. Messages that are voiced or written down are verbal messages. Examples are discussions with students, conversations at lunch, letters, and bulletin boards. Nonverbal communication is any type of communication that is not voiced or written down. Nonverbal communication my be in the form of gestures, colors, the physical arrangement of furniture, or facial expressions.

c) Channel of Communication - A channel is the method in which messages are transmitted. Channels can be upward or downward as between a supervisor and a subordinate, or they may be transmitted in a horizontal channel as between two fellow workers. The channels of

communication may be formal through the use of memos, letters, etc., or informal by means of conversation between individuals. The informal means of communication is often referred to as the "grapevine."

d) Receiver - The receiver is described as being the target of the communication. The receiver could be an individual or group, depending on the message being transmitted.

Factors that Affect Communication Effectiveness

The effectiveness of any form of communication is highly dependent on factors related to all four components--sender, message, channel, and receiver.

Factors related to each component include:

- Attitudes of the sender and receiver
- Previous knowledge and background of the sender and receiver
- Culture of the sender and receiver
- Communication skills of the sender and receiver
- Complexity of the MESSAGE being sent
- Particular CHANNEL chosen

For example, consider the following situation:

Judy, a clinical supervisor, was asked by faculty members at the school to inform the students that their final laboratory projects were due the next day. Judy conveyed this message to Mike, a student, and told him to inform the other students. Mike then became busy and forgot to inform the others.

As evident by this example, the communication was not effective, and the students were not told important information. In this case, Judy should have used a more formal channel such as a written, posted notice to convey the message. She should not have relied on a student, as he was obviously not too concerned about telling the others.

Situations such as this frequently occur in any type of organization. Whenever communicating, it is important to pay careful attention to each of the four components--sender, receiver, channel, and message.

As a sender/receiver of many messages to/from students, staff, faculty, supervisors, and physicians, you must be fully aware of factors that may affect your communication, and minimize the negative effects of these factors to the best of your ability.

The next activity will present the possible barriers to communication. But first, go on to take the Self-Check of this activity.

SELF-CHECK FOR LEARNING ACTIVITY #1

Matching: Select the item from column B that best relates to each item in column A. Place the letter of your choice in the space provided.

A	B
_____ 1. Message	a. Process of transmitting and receiving information
_____ 2. Receiver	b. Gestures, colors, facial expressions
_____ 3. Formal Communication	c. Transmitter of the information
_____ 4. Channel	d. Also called the "grapevine"
_____ 5. Communication	e. Letters, memos, etc.
_____ 6. Sender	f. Target of the communication
_____ 7. Nonverbal	g. Method in which a message is transmitted
_____ 8. Informal Communication	h. Idea, information being communicated

Short-Answer:

9. List three factors that affect communication, that are related to the sender and the receiver.

Check Your Answers.

SELF-CHECK ANSWER KEY

Matching

1. h
2. f
3. e
4. g
5. a
6. c
7. b
8. d

Short Answer:

9. Attitudes
   Previous knowledge and background
   Culture
   Communication skills

LEARNING ACTIVITY #2

BARRIERS TO COMMUNICATION

Enabling Objective 2: Given a series of situations, identify the (potential and actual) barriers to communication.

As discussed in Learning Activity 1, effective communication is highly dependent on each of the 4 components--sender, receiver, message, and channel. There are many potential barriers to communication that must be recognized by those involved--especially those in supervisory positions.

Lovell and Wiles (1983) have identified numerous barriers to communication that are relevant to supervisors in all types of settings:

1. Use of symbols or words that have different meanings. Words mean different things to people depending on their background or culture. An example may be an older physician who orders a "flat plate of the abdomen." A young health professional may be unaware that supine abdomen x-rays were once called "flat plates." A great deal of terminology is used in hospitals, and misunderstanding is often the cause of problems in communication.

2. Different values within the group. Everyone has their own value system and many people do not recognize the values held by others. A large difference between the values held by individuals within a group could interfere with communication. For instance, a clinical supervisor may be informing the students of the penalties for being late for clinical assignments. If a student does not value the need to be at work on time, he/she may not actively listen to what the supervisor is saying.

3. Different perceptions of the problem. Problems exist in any organization. These problems differ in how they are perceived by the individuals involved. The differences in perception often cause a lack of understanding among individuals, and communication is hindered.

   Consider the following situation. Dr. Smith, an internist, became angry at Carol, the radiology supervisor, because an exam was not completed by a certain time. Dr. Smith needed to find out the results of the exam before leaving for a conference. He left angry, without telling Carol why he had needed the exam to be completed early.

   Carol did not see the importance of the problem and assumed Dr. Smith would eventually "cool off." In this case, the individual perceptions of the problem were different, and the problem was not resolved.

4. Emphasis on status. In an organization, there are people who have a higher position, superior knowledge, or a greater amount of experience. If superiority is consistently emphasized by those with a

higher status in the organization, communication will be stifled. Your own students may hesitate to tell you their problems or concerns if you overemphasize your superiority and appear threatening. We have all experienced working with supervisors who made it well-known that they are at the "top."

5. Conflict of interest. Many people are affected by decisions that are made in an organization. If someone is fearful of the decision that will take away from their advantage or invade their territory, they may block communication. An example might be a staff member who is not willing to share expertise or knowledge with students. This person may feel that a student is invading his/her territory.

6. Lack of acceptance of differences in points of view, feelings, values, or purposes. We are all aware that people have different opinions, feelings, and values. Supervisors must allow others to express their differences. Encouraging your students as well as the staff to communicate their feelings and points of view will be a benefit to all. Most of us have a tendency to think we are always correct. Accepting input from others promotes growth and cooperation.

7. Feelings of personal insecurity. It is very difficult for people to admit feelings of inadequacy. Those who are insecure will not offer information for fear that they appear ignorant, or they may be defensive when criticized, thus blocking clear communication. Many of us have worked with individuals who are insecure and realize the difficulty in communicating with them.

   Students are good examples of individuals who may often feel insecure. Because they are not yet competent in tasks, they may very well attempt to hide their lack of knowledge or be defensive. The clinical supervisor should consistently make an attempt to ensure that students can open up.

You could probably think of numerous additional barriers to the communication process. By being aware of potential barriers and attempting to eliminate these barriers, you can open the channel of communication in your clinical setting.

Go on to the Self-Check Exercise.

SELF-CHECK FOR LEARNING ACTIVITY #2

Directions: Each of the following situations involves communication. For each situation, select the potential barrier from the list provided.

List of Possible Barriers to Communication

a. Use of symbols or words that have different meanings

b. Different values within the group

c. Different perceptions of the problem

d. Emphasis on status

e. Conflict of interest

f. Lack of acceptance of differences in points of view, feelings, values, or purposes

g. Feelings of personal insecurity

Example: Carolyn, a nursing student, seldom asked for help in completing her clinical assignments. When Janet, the clinical supervisor, would offer her assistance, Carolyn would refuse. Yet, Janet would consistently notice that other students were helping Carolyn.

Answer : g) Feelings of personal insecurity
Carolyn is probably afraid of appearing ignorant to her supervisor, yet she obviously needs help, as she is asking fellow students.

1. Whenever Dr. Adams, chief of surgery, walked through any of the departments, she noticed that people tended to "clam-up." One day she noticed a small error in a post-operative treatment given to a patient. It wasn't serious and had been corrected, but she became furious that no one had told her.

   Answer:

2. Two radiography students were talking in the lounge at 3:45 p.m. One said to the other, "An outpatient just walked in for mastoid x-rays. Let's not tell John (the clinical supervisor) or we'll have to stay late."

Answer:

3. In a recent staff meeting in the Pathology Department, Arlene, the chief technologist, angrily told the group, "It doesn't matter what you all think, our dress code will remain as it is." The entire group remained silent as Arlene went on to the next agenda item.

Answer:

4. One day as Diane, a dental hygiene student, was cleaning a patient's teeth, the patient became uncooperative, and Diane ran out crying. Marcia, the clinical supervisor, was furious with Diane because she couldn't believe that Diane became that upset over the matter.

Answer:

Check Your Answers.

SELF-CHECK ANSWER KEY

Your answers may differ from these and still be correct, as you may be perceiving different barriers. Check to see if you are on the right track.

1. d Emphasis on Status - People were afraid to inform Dr. Adams of important messages because she tended to exhibit threatening behavior.

2. e Conflict of interest - The students were not sharing the information with their supervisor, as they knew it would take away from their advantage of being able to leave on time.

3. f Lack of acceptance of different points of view, etc. - Arlene was not considering the others' feelings about their current dress code. Because of this, no one was speaking up and communicating their feelings.

4. c Different perceptions of the problem - Diane obviously felt that the uncooperative patient was a real problem with which she couldn't cope. Marcia perceived the problem as being minor. The different perceptions of the problem may very well cause a lack of communication between them.

This exercise was provided to show you examples of possible barriers. You should make an attempt to identify similar barriers to communication in your job so that you can minimize them as much as possible.

Go on to Learning Activity #3 to identify ways to improve your communication skills.

LEARNING ACTIVITY #3

IMPROVING INTERPERSONAL COMMUNICATION

Enabling Objective 3: Identify ways to improve your interpersonal communication skills.

The previous Learning Activity discussed possible barriers to the communication process. Effective communication is not a natural ability possessed only by a few people. The development of communication skills requires great skill and effort on the parts of both the sender and the receiver of the message.

Because of the nature of their jobs, clinical supervisors must have strong communication skills. These can be developed by practicing the following suggestions for the sender and the receiver of the communication.

Sender Communication Skills

Lovell and Wiles (1983) provide several suggestions for improving effectiveness in sending messages. These suggestions may be applied to the clinical setting as follows:

1. Share information rather than telling. The staff at the clinical site should always be well-informed of the students' clinical activities and assignments. Oftentimes, clinical supervisors provide this information in an authoritative manner by telling the clinical staff what the students are doing and when. This may cause the staff to become defensive and unwilling to cooperate.

   Clinical supervisors should share the student-related information with the staff. This could be accomplished by meeting with the staff, asking for their suggestions, and creating an atmosphere of cooperation.

2. Seek to relate to people rather than control them. This is of particular significance when communicating with students. Instructors often attempt to control students. This is probably more true in the clinical setting than any other. Students feel much more important if they are treated as your colleagues rather than as inferior. Few people like to be controlled.

3. Value disagreement as much as agreement. People will often disagree with what you have to say. When individuals verbalize disagreement, you must make an attempt to understand what they are saying and not become defensive. Clinical supervisors may often be "under attack" by clinical staff and must be prepared for disagreement regarding the students. Many times staff members have valuable input, and as an instructor you must be open to their input.

4. Eliminate threatening behavior. The first step in effective communication is to put your listeners at ease. If you appear to be a threat to staff members or students, they will resist communication.

5. Use effective nonverbal communication techniques. The nonverbal communication that you use is just as important as what you say. Nonverbal techniques include good eye contact, effective gesturing, distance between yourself and others when talking, facial expressions, voice tone, and others. It is important that your nonverbal communications match what you are actually saying.

   For instance, if you are reprimanding a student and do not look the student in the eye, your communication will not be as effective. Your eye contact, facial expressions, etc., all help to convey what you are trying to say.

Receiver Communication Skills

The skills of the receiver of communication are just as important as those of the sender. Messages sent are of no value unless they are received. This requires active listening on the part of the receiver. Learning how to listen requires a strong commitment and great effort. Sanford, Hunt & Bracey (1976) discuss a guide to listening that includes the following suggestions.

1. Work at listening. Listening is often a difficult process. It takes great effort to hear what others are saying. Clinical supervisors need to make an effort to listen to all messages being sent by students and staff.

2. Resist distractions. It is easy to be distracted by surrounding noises and conversations. This is particularly true in a busy environment such as a health-care facility. You undoubtedly know how disturbing it can be to be speaking to someone who is listening to another conversation. When listening, you should attempt to "tune out" other distractions and give full attention to the person who is speaking.

3. Keep your minds open, be objective. Being open-minded is often very difficult. All people have their own opinions that may influence what they hear. Supervisors need to be objective in their listening so that all are treated fairly.

4. Hear the speaker out before making an evaluation. Do not just listen to the first few words. This is a common mistake made by listeners. Oftentimes, listeners hear the first sentence and "tune out" the rest, assuming that they know what is being said. It is important to listen to the entire message; otherwise, you may miss important information.

5. Judge content, not delivery. Many people have difficulty communicating what they are trying to say. When listening to others, you should listen to what they are saying rather than their style of delivery.

Active listening is a vital component in the health-care environment. Many of the messages being sent are vital to care of the patient. If you do not listen to what is being said, you will lose important information.

Summary

As a clinical instructor, you must have effective interpersonal communication skills. This includes skill at sending as well as receiving messages. Following the suggestions in this activity, combined with practice, will help you to improve your communication skills. Furthermore, you should be using these same suggestions to help your students to improve their communication skills. Good communication is a necessity in any job.

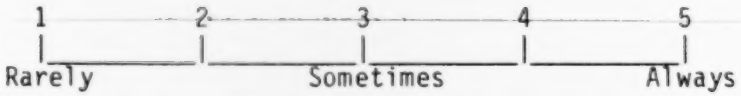
Go on to the Self-Check . . .

SELF-CHECK FOR LEARNING ACTIVITY #3

I. SELF-EVALUATION OF YOUR INTERPERSONAL COMMUNICATION SKILLS:

Directions: Using the following form, evaluate your skills at sending and receiving messages. Determine your rating of each of the following statements, and place the number of your rating in the blank provided.

Rating Scale



Rating

A. Sender Skills

1. When I convey messages to others, I make an attempt to include their input and share the information rather than telling them. _____

2. I make an attempt to relate to people rather than control them. _____

3. I make an attempt to understand disagreement to what I have to say. _____

4. I try my hardest not to appear threatening to others. _____

5. My nonverbal communications are effective and match what I am actually saying. _____

B. Receiver Skills

6. I try to actively listen to people. _____

7. I attempt to resist distractions. _____

8. I am open-minded and objective. _____

9. I try to listen to all of what the speaker has to say, not just part of it. _____

10. When someone is speaking to me, I judge the content of what they are saying rather than their delivery. _____

Directions for Scoring:

Add up your points. If you scored:

40 - 50 points -- You have good sender and receiver skills and are probably an effective communicator.

20 - 39 points -- You are probably effective in your communication at times and ineffective at other times.

10 - 19 points -- You need to work on developing stronger interpersonal communication skills as a sender and receiver.

People usually have a tendency to rate themselves higher than others rate them. Give this same rating scale to your supervisor or a fellow worker and have them rate you. Compare your rating with theirs to identify any differences.

II. IDENTIFY YOUR AREAS OF NEEDED IMPROVEMENT:

Directions: Look at your ratings again and identify the sender and receiver skills in which you rated below a 4. List these in the spaces below:

Sender skills rated below 4:

Receiver skills rated below 4:

These lists are merely to help you identify the areas in which you need to improve. You should review each skill and make a strong attempt to work on improving these skills.

Go on to Learning Activity #4.

LEARNING ACTIVITY #4

SOURCES OF CONFLICT IN THE CLINICAL SETTING

Enabling Objective 4: Given incidents involving conflict, classify the potential source of conflict.

Conflict is defined as sharp disagreement or opposition in interests, ideas, values, etc. Conflict exists in every organization. No two people are alike in their interests, attitudes, etc. When these differences are made known to another person, conflict may occur.

Traditionally, conflict has been viewed in a negative sense. When we think of conflict, we think of arguments or fights that cause disruption. However, current thought is that conflict is unavoidable in any organization and, if managed properly, it can have many positive effects. Bray (1983) mentions several positive effects of conflict.

Conflict:

- gives people energy and wakes them up
- may open up new channels of communication
- provides an outlet for pert-up emotions
- may cause changes that need to be made
- may help people to understand each other's jobs

The health-care supervisor experiences a great deal of conflict in his/her job. The rapid changes have made everyone's jobs in today's health-care environment more complex and often more stressful. Conflicts are inevitable, and thus all supervisors must be capable of handling conflicts.

Sources of Conflict

The first step of conflict management is being able to identify the potential sources of conflict that may exist. Robbins (1974) places sources of conflict into three categories: communication, structure, and personal behavior. Each will be discussed in relation to the health-care setting.

a) Poor communication is a primary source of conflict in any organization. The potential barriers to communication discussed in Learning Activity 2 of this module are all possible sources of conflict. For instance, if a supervisor is unwilling to accept different points of view for completing a procedure, an argument may occur. The importance of good communication cannot be over-emphasized.

b) The next category of sources of conflict is the structure of the organization itself. Conflict will increase as the size of the

organization increases. Conflict is also greater in organizations where employees have less control over planning their work. There is more conflict in organizations where certain individuals or groups have excessive power. The structural sources of conflict are the most rigid, and are often impossible to control.

c) The final category of sources of conflict is personal-behavior factors; in other words, the human factors in an organization. Factors such as different personality types and different goals create the possibility of great disagreement among physicians, staff, and students.

A primary source of conflict related to the human factors is dissatisfaction with role requirements in the organization. Role conflict is discussed by Lachman (1983) as the experience of being pulled in several directions by individuals with different expectations of a person's job functions. Clinical supervisors probably experience more role conflict than most other staff members. Often clinical supervisors are expected to function as staff members as well as supervisors to the students. The difficult part is determining when to exercise each role.

Role conflict is a cause of job stress; thus it is very important that your role(s) is/are clearly delineated, and that you make sure everyone understands your job functions.

Three categories of sources of conflict were identified in this Learning Activity--poor communication, structure of the organization, and personal-behavior factors. Many sources of conflict are inevitable and beyond your control. It is important for those of you in supervisory positions to be able to identify potential sources of conflict and be able to manage these conflicts in order to derive positive outcomes. The next activity will discuss the methods of resolving conflict.

Go on to the Self-Check of this Learning Activity to check your ability to determine potential sources of conflict.

SELF-CHECK FOR LEARNING ACTIVITY #4

Directions: The following are incidents in which a conflict may occur or already has occurred. For each incident:

a) Classify the source of conflict as being due to:

1) poor communication
2) structure of the organization
3) personal-behavior factors

b) Briefly explain the rationale for your answer

Note: There may be more than one source of conflict for each incident. Attempt to identify all sources.

Example: Sue, a staff nurse, angrily enters her supervisor's office, asking why a student has been assigned to her patient. The supervisor replies, "Oh, I thought I told you. You have been reassigned today."

a) Source: Poor communication

b) Rationale: Supervisor didn't properly inform Sue and, thus, a conflict occurred.

==========

1. Following a conversation with the lab supervisor, Nancy, head nurse of ICU, slams the phone down. She states, "I get so tired of waiting for these tests. Now they say that we have to wait because they are short-staffed. I'm going to see the Director about this!"

Source(s): _____

Rationale:

2. Dr. Baker is furious because the Radiology reports are not yet in Mrs. Thompson's chart. He goes to Radiology, screaming, "Why do things take so long here? I never have this problem at Midtown Hospital, and they have less staff."

   Source(s): _____

   Rationale:

3. Amy, Radiological Technologist, storms out of the radiology room in the middle of an exam. "I've had it! I cannot work with Dr. Smith anymore. He just won't listen."

   Source(s): _____

   Rationale:

4. Kathy, a clinical instructor, decides to complain to the department director, because Mark, the specials technologist, continues to exclude one of her students from participating in the exams performed in his room.

   Source(s): _____

   Rationale:

5. Two medical laboratory students meet with the coordinator of their program to discuss a problem. One of them states, "Something has to be done. Everytime we need help, our so-called clinical supervisor is too busy with benchwork."

   Source(s): _____

   Rationale:

Check Your Answers.

SELF-CHECK ANSWER KEY

1. Source: Structure. The delay in lab tests appears to be due to a lack of adequate staff, part of the internal structure of the organization.

2. Source: Structure. Again, the problem is most likely due to how the hospital is organized. This hospital may be larger, thereby causing the possibility of more conflict.

3. Source: Personal-behavior or Poor communication. Personality factors may be a cause of this conflict. Perhaps Amy cannot work with Dr. Smith because of these factors. On the other hand, it appears that Dr. Smith's listening skills are not as good as they should be, causing a lack of communication.

4. Source: Personal-behavior. It appears that Mark has problems working with this particular student.

5. Source: Personal-behavior. More specifically, role conflict. It appears that the clinical supervisor is torn between several jobs.

You may have derived different answers than those indicated. You may also be correct. In real-life situations, a conflict will most likely have to be investigated at greater length to determine the source or multiple sources. The purpose of this exercise was to demonstrate that there are different types of sources to consider.

Go on to the next activity to examine methods of resolving or managing conflict.

LEARNING ACTIVITY #5

RESOLVING CONFLICT

Enabling Objective 5: Given a series of situations, recommend methods to resolve the conflict in each.

Conflict is a naturally occurring part of every supervisor's job. All persons in supervisory positions must learn to manage conflict if they are to be successful in their jobs. Conflicts may be resolved in various ways. Thomas and Kilmann (in Marriner, 1982) have identified five methods to deal with conflict: competing, accommodating, avoiding, collaborating, and compromising. Each will be described in terms of the extent to which it is assertive and cooperative.

1. Competing - Competing is classified as an assertive and uncooperative mode of conflict resolution. Competing is a power-oriented method of resolving conflict in which the supervisor uses rank or other forces to attempt to win. Competing may be useful when an unpopular decision must be made or when one must stand up for his/her own rights. However, competing should be used with caution, since the use of power often causes others to be afraid to "open up."

2. Accommodating - Accommodating is described as being an unassertive and cooperative means of resolving conflict--the opposite of competing. When you accommodate someone, you neglect your own needs in order to meet the goals of the other person. Clinical supervisors may use accommodation when an issue is more important to another person or to maintain harmony in the environment.

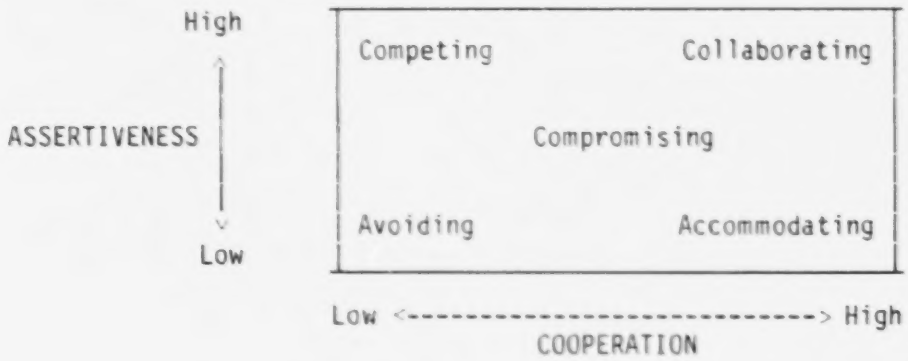
3. Avoiding - Avoiding a conflict is both unassertive and uncooperative. When avoiding a conflict, you do not pursue your concerns or the other person's. Avoiding may be appropriate when you realize that there is no chance of meeting your goals, or if one or both of the parties feels hostile. Avoidance should be used with caution, since important issues should not be left unattended.

4. Collaborating - Collaborating is the opposite of avoiding, and is both assertive and cooperative. In collaboration, both parties try to find mutually satisfying solutions to problems. Collaborating usually takes more time than other methods, and the supervisor must decide if it is worth spending the time.

5. Compromising - Compromising is a middle-ground in both assertiveness and cooperation. Those who compromise give up more than competitors but less than accommodators. Compromising is useful when a quick middle ground is needed to resolve a conflict. However, it should have limited use since both parties feel that they are losing.

Graph: Methods of Conflict Resolution

The following graph depicts the five methods of conflict resolution in terms of extent of cooperation and extent of assertiveness.



Determining the Method of Conflict Resolution

Determining which of the five types of conflict resolution to use may be a difficult process, as each conflict situation is different. Bray (1983) identifies three questions the supervisor should ask when attempting to resolve a conflict. They are:

1. What is the real problem?
2. What does each party want?
3. What conflict mode do I use to handle this situation?

The following situation is an example of the use of the 3-questions approach to conflict management:

Beth is the respiratory therapy clinical instructor at City Hospital. She supervises students assigned to her department on a half-time basis and works as a staff therapist the remaining time. Lately the department has been extremely busy, and several staff members are on vacation. Many employees have been working overtime. At the same time, Beth has been very busy completing evaluations on the students.

One day, while Beth was evaluating a student, she overheard one staff therapist say to another, "It sure would be nice if everyone would pitch in and help out." Beth, being a conscientious worker, was quite disturbed by this remark and other insulting remarks she was hearing. One night at home she broke down in tears about it. Her husband told her that no job was worth that kind of stress, and she needed to do something about it soon.

Beth can use the 3-question method to resolve this conflict as follows:

1. What is the real problem?

   Beth is facing a conflict in her job roles. She is expected to function as both a therapist and a clinical supervisor, and is being criticized for performing her role as a clinical supervisor.

2. What does each party want?

   The staff members want Beth to function in her therapist role. Beth would like to be able to do both jobs well.

3. What conflict mode should be used?

   Let us first examine how Beth would use each individual method.

   a. If Beth were to compete, she would ignore their comments and do what she wanted to. In fact, she would probably spend additional time with the students just to prove her point.

   b. If Beth were to accommodate the staff, she would drop what she was doing with the students and help out with department duties.

   c. Avoiding the conflict would mean that Beth would ignore their comments and the workload, and would continue on with her evaluations.

   d. If Beth collaborated with the staff, she would meet with the resentful staff members and discuss the problem. They would agree on a solution that would please all.

   e. Finally, if Beth were to reach a compromise, she might initially leave the students and help out in the department. This may cause her to be guilty, and she would subsequently try to return to her teaching functions.

Which solution do you think is best?

Since the problem seemed to be getting worse, and staff members misunderstood Beth's role, collaborating with the others seems to be the best solution. However, it is important that the students do not suffer and that Beth consider their needs when making an agreement.

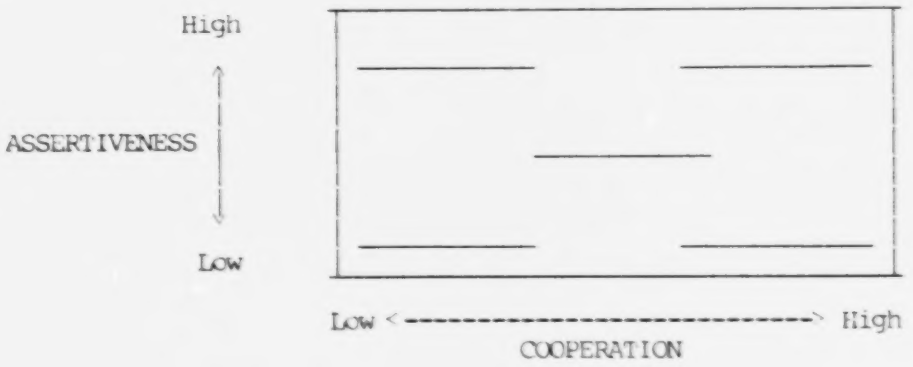
The previous example may be a likely occurrence in your clinical setting. Even if it is not, you must be aware than there are many potential conflicts that may occur, and you must be able to deal with these conflicts.

Go on to test your ability to determine solutions to conflicts in the Self-Check for this activity. Eventually you will be a pro!

SELF-CHECK FOR LEARNING ACTIVITY #5

A. COMPARISON OF METHODS OF CONFLICT RESOLUTION

1. Fill in the following graph with the five methods of conflict resolution, selected from the list at the right of the page.



Methods

1. Compromising
2. Accommodating
3. Avoiding
4. Collaborating
5. Competing

2. Name the method of conflict resolution described by each of the following:

a. Very assertive and very cooperative _____

b. Unassertive and uncooperative _____

c. Medium in cooperation and medium in assertiveness _____

d. Very cooperative and unassertive _____

e. Very assertive and uncooperative _____

B. The following are situations in which a conflict has occurred. For each situation, use the 3-question approach to identify how you would resolve the conflict.

3-question approach

1) What is the real problem?
2) What does each party want?
3) What conflict mode should be used and why?

BEST COPY AVAILABLE

1. John Williams, Chief Radiologic Technologist at Brookside Hospital, has great influence with the Department Director, Dr. Martin Davis. For the past few months, John has been complaining to Dr. Davis that the students assigned to Brookside are becoming more and more of a burden and are of increasing cost to the department. One day, he says that he believes the department would be better off without them. Dr. Davis replies, "You may have a good point, but I think Kathy (the clinical supervisor) should be involved in this decision." Dr. Davis calls Kathy in and explains the situation. It appears that he agrees with John's point of view that the student program should be eliminated. Kathy, realizing that this is a critical problem, decides that she must do something right away. Brookside is needed as a clinical site, and she disagrees with their opinion. She believes the students are of benefit to the department. How should Kathy resolve this conflict?

   a) What is the real problem?

   b) What does each party want?

   c) What conflict mode should be used and why?

2. Tammy, a dental assisting student, is continuously late for clinical duty. Yet she is probably the most competent student in the class, and works well with patients. Everytime she is late, she seems to have a good excuse and is quite good at manipulating June, the clinical supervisor. One day, Ms. Barker, the program coordinator, tells June that she had better quit allowing Tammy to manipulate her. Ms. Barker's final words were, "I will expect to hear from you tomorrow to see what you did to solve the problem!"

   a) What is the real problem?

   b) What does each party want?

   c) What conflict mode should be used and why?

3. Dr. Foster has been a surgeon in the community for 30 years. He is highly respected for his expertise, and seems to get whatever he wants at St. Margaret's Hospital. One of his demands is that student nurses are not allowed to care for his post-op patients. Ms. Nelson, a new clinical instructor, unknowingly assigns students to several of his patients. One day Dr. Foster enters a patient room, discovers a student, and storms out to the nursing desk. He says, "I want that student out of there or I'll see that no students are allowed to work in this hospital!" Hearing this later that day, Ms. Nelson becomes furious and decides something must be done.

a) What is the real problem?

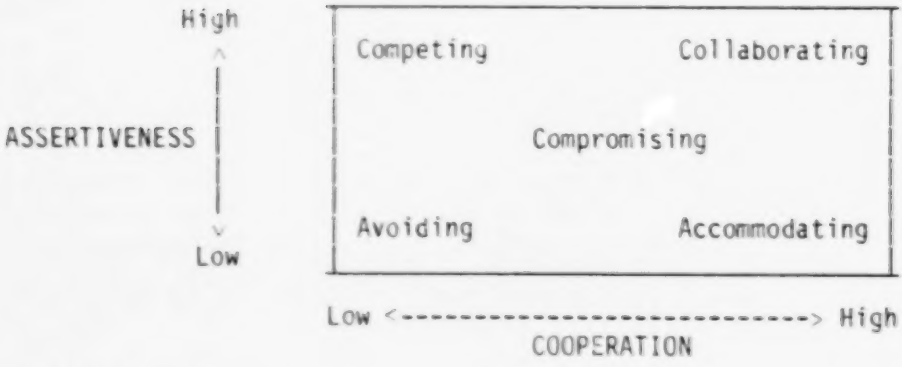
b) What does each party want?

c) What conflict mode should be used and why?

SELF-CHECK ANSWER KEY

A.

1.



2. a. Collaborating

   b. Avoiding

   c. Compromising

   d. Accommodating

   e. Competing

B.

1. a) <u>What is the real problem</u>?

   - John's influence over the decision-maker of the department, Dr. Davis, is creating a serious problem concerning the Radiography program.

   b) <u>What does each party want</u>?

   - John wants the students out of the hospital.
   - Dr. Davis appears to agree.
   - Kathy wants them to stay.

   c) <u>Which mode of conflict resolution should be used and why</u>?

   - This is a serious conflict. In a case such as this, which involves many individuals, <u>collaboration</u> should be used. A decision such as this should <u>not be made</u> on-the-spot. Kathy should immediately inform the program coordinator, and she should serve as the liaison between the hospital and the community college. This conflict will take numerous discussions to resolve, and a highly assertive, yet highly cooperative approach is best.

2. a) What is the real problem?

- The problem is June's lack of assertiveness in dealing with Tammy and Ms. Barker's demand for an immediate solution to the problem.

b) What does each party want?

- Ms. Barker wants the problem to be solved immediately.
- Tammy would like to continue to have the advantage of being allowed to be late.
- June wants to avoid conflict.

c) Which mode of conflict resolution should be used and why?

- In this case, since Tammy is a student and June is her supervisor, June should use competing to resolve the conflict. Tammy should not be given special favors, and June must be highly assertive and uncooperative with Tammy until she improves her punctuality.

3. a) What is the real problem?

- Dr. Foster's excessive power at St. Margaret's hospital.

b) What does each party want?

- Dr. Foster does not want students working with his patients.
- Ms. Nelson believes students should be allowed to work with Dr. Foster's patients.

c) What mode of conflict resolution should be used and why?

- This is a difficult case that often occurs in a clinical setting. First of all, it should be handled by the Director of the Nursing program since he/she is responsible for the students. At first, the director may make an attempt to collaborate with Dr. Foster and convince him that the students will be well-supervised, and also that they need the experience. If this doesn't work, the director may attempt to compromise and attempt to allow the students to participate to a lesser extent with his patients.

  Because of Dr. Foster's power and status, he will most likely get his way. If he flatly refuses a compromise, the director will probably have to accommodate him and not allow students to be assigned to his patients.

You may have different answers to these problems. Everyone has their own style of conflict management, and your answers may work out well. However, it

is important to realize that sometimes it is necessary to use an approach that "goes against your grain." Sometimes conflicts are beyond your control, and not everyone can be satisfied with the results.

This concludes the Learning Activities for the module. If you feel confident in your knowledge of communication skills and conflict management, go on to the Post-Test.

POST-TEST

Directions: After successful completion of the 5 Learning Activities and Self-Check activities, complete this test. Do not use the key or the module itself to take the test.

Part I - MULTIPLE CHOICE:

Directions: Answer each of the following by placing the letter corresponding to your choice in the blank provided.

_____ 1. The target of communication is called the:

a. message
b. receiver
c. sender
d. bullseye

_____ 2. Communication from a supervisor to a subordinate staff member is called:

a. downward communication
b. collaborative communication
c. lateral communication
d. upward communication

_____ 3. The effectiveness of communication is dependent on:

a. the complexity of the message being sent
b. the cultural background of the sender
c. both a and b
d. neither a nor b

Items 4-7 are examples of blocking communication. For each example, identify which of the following barriers exists. Place the letter of your choice in the blank provided.

A. Use of symbols or words that have different meanings
B. Different values within the group
C. Different perceptions of the problem
D. Emphasis on status
E. Conflict of interest
F. Lack of acceptance of differences in points of view, feelings, values, or purposes

_____ 4. John, a student, states, "I just can't talk to Dr. Jones. I feel threatened by him."

_____ 5. A student is overheard saying, "I refuse to apologize. The mistake wasn't that bad, and I don't see why she is so upset."

_____ 6. "She can cry all she wants. Why should I have to explain why I gave her a low grade?"

_____ 7. A supervisor sends a memo to the staff, stating, "We are no longer going to have our weekly staff meetings. They have turned into gripe sessions, and thus, they don't do anyone any good."

_____ 8. Conflict caused by differences in individual goals is classified as:

a. structural conflict
b. personal-behavior conflict
c. assertive conflict
d. communication conflict

_____ 9. The director of the Dietary Department was disturbed when Margaret, a dietician, missed an important staff meeting. After she was confronted, Margaret replied, "My computer terminal broke down again, and I didn't get the message." This conflict was caused by:

a. personal-behavior factors
b. poor communication
c. cultural influence
d. the structure of the organization

_____ 10. Conflict should be viewed as:

a. something to be eliminated
b. a destructive force
c. a way of bringing about needed changes in an organization
d. both a and b

For items 11-17, select the method of conflict resolution by placing the letter of your choice in the blank provided.

A. Compromising
B. Accommodating
C. Avoiding
D. Collaborating
E. Competing

_____ 11. Most assertive and least cooperative

_____ 12. Useful when a middle ground is needed

_____ 13. Used when a quick, unpopular decision needs to be made

_____ 14. Both parties lose

_____ 15. Useful when you know there is no chance to resolve the conflict

_____ 16. Giving in to meet the needs of the other person

_____ 17. Most time consuming

Part II - RESOLVING CONFLICT:

Directions: Assume that you're the supervisor involved in each of the following conflict situations. For each situation:

a) identify the problem
b) determine what each party wants
c) briefly explain how you would resolve the conflict using each of the modes listed

18. A student enters your office and appears to be quite upset. She tells you that she doesn't have time to complete her clinical assignments because the staff person she is working with is always making her run errands and do odd jobs. She informs you that other students have also been complaining about this staff person.

a) What is the problem?

b) What do the parties want?

c) Modes

1) Accommodating -

2) Competing -

19. The floor supervisor approaches you, stating, "Will you manage the unit while I am gone next week? Bob has already approached me and says he wants to be in charge. However, even though Bob has seniority, I have much more confidence in you, and I hope you will do it. I figured that since the students are on vacation, you would have plenty of time."

a) What is the problem?

b) What do the parties want?

c) Modes

1) Collaborating -

2) Compromising -

Part III - EVALUATION OF YOUR STYLE OF CONFLICT MANAGEMENT:

20. a) Which method of conflict resolution do you primarily use?

b) Do you feel it is effective? Why or why not?

c) How can you improve in the process of conflict management?

1) Which other modes of conflict management do you need to practice?

2) Are there other things you can improve, such as communication?

Score your test using the following key.

POST-TEST ANSWER KEY

1. B
2. A
3. C
4. D
5. C
6. F
7. F
8. B
9. B
10. C
11. E
12. A
13. E
14. A
15. C
16. B
17. D

For items 18 & 19, your answers may be somewhat different from these. However, by looking at these answers, you should be able to tell if you are on the right track:

18. a) Student being used for noneducational experiences

    b) The studcnt wants to be able to complete clinical assignments rather than do odd jobs. It appears that the staff member wants to be able to use the student for odd jobs and doesn't recognize the student's needs.

c) Accommodating - You would allow the staff member to continue to use the student.

Competing - You would take control and inform the staff person that he/she cannot use the students.

19. a) You are placed in a situation of conflict with another supervisor.

b) Bob wants to be in charge. The floor supervisor wants you to be in charge.

c) Collaborating - You would meet with Bob and the supervisor together to discuss the problem. An agreement would be reached that would make everyone happy.

Compromising - You would probably do what your supervisor wanted and while the supervisor is gone, you may let Bob supervise part of the time. In this case, no one is a winner, but it may be a workable solution.

20. You must evaluate your own answer. The purpose of his question is to help you become aware that you may be limiting your methods of conflict resolution. We all feel more comfortable with one type, depending on how assertive we are and how much we want to cooperate with people. It is important to note that different methods work at different times, depending on the situation. You must be the judge.

SUMMARY OF THE MODULE

The job of clinical supervisor is a demanding one that requires a variety of managerial skills. The clinical supervisor must be able to effectively communicate every day with a variety of different types of individuals. Effective communication takes great effort and practice in sending and receiving messages.

Along with effective communication, the clinical supervisor must possess skills in conflict management. In order to resolve the many conflicts that may occur, the clinical supervisor must be aware of the various factors that cause conflicts as well as the methods to resolve these conflicts.

By practicing the communication and conflict management skills suggested in this module, you will improve your clinical supervision and improve your relationship with staff and students in your department.

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